

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE:

DOMINGO FIGUEROA CAMACHO  
JUDITH ALICEA AYALA

CASE #08-05425

CHAPTER 13

Debtor

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OBJECTION TO CLAIM #1

TO THE HONORABLE COURT:

NOW COMES the above named debtors through the undersigned attorney and very respectfully pray and allege as follows:

1. That creditor FINANCIERA BERRIOS filed a proof of claim #1 in the sum of 434.70

2. As evidence Creditor Financiera Berrios provides a proof of claim with the date debt was incurred as more than 22 years ago (10/11/1986).(exhibit attached)

3. That debtor objects to such claim inasmuch as claim has prescribed and is barred from recovery as per Puerto Rico's statute of limitations.

WHEREFORE, it is respectfully requested that this Honorable Court disallow claim #1 for the reasons herein stated.

San Juan, Puerto Rico this September 8, 2008.

I CERTIFY that on this date I sent by electronic mail a true copy of this motion to Trustee Alejandro Oliveras Rivera, Esq., to movant Financiera Berrios, PO Box 674, Cidra, P.R. 00739, to parties in interest and by regular mail to creditors as per master address list.

30 DAY NOTICE

TO ALL PARTIES in interest: You are hereby granted 30 days from the date of this notice to oppose the motion and request a hearing, if no opposition is filed the Court may grant this motion without the need for a hearing.

/s/ HECTOR VELAZQUEZ HERNANDEZ  
USDC PR 208313  
P.O. Box 360847  
San Juan, PR 00936-0847  
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B 10 (Official Form 10) (04/07)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>PUERTO RICO</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>FIGUEROA CAMACHO DOMINGO</b>	Case Number <b>08-05425 CH 13</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>FINANCIERA BERRIOS 0030858</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>FINANCIERA BERRIOS PO BOX 674 CIDRA P.R. 00739 Telephone number: (787) 653-9393</b>		<b>THIS SPACE IS FOR COURT USE ONLY</b>
Last four digits of account or other number by which creditor identifies debtor: <b>02-026403-01 H</b>		
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Other <u>furniture &amp; appliances</u> <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed From _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> <u>10/11/1986</u>		<b>3. If court judgment, date obtained:</b>
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.		
<b>Unsecured Nonpriority Claim \$</b> _____  <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>furniture and appliance</u>  Value of Collateral: \$ <u>434.70</u>  Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____
<b>Unsecured Priority Claim</b>  <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.  Amount entitled to priority \$ _____  Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>5. Total Amount of Claim at Time Case Filed:</b> \$ <u>434.70</u> (unsecured) (secured) (priority) (total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		<b>THIS SPACE IS FOR COURT USE ONLY</b>
Date <u>9/5/08</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).  <b>CARMEN MARQUEZ BANKRUPTCY CLAIMS CLERK</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.